

Vermont Department Health Budget Presentation FY2014

Health and Welfare Committee • March 21, 2013
Harry Chen, MD, Commissioner of Health

VERMONT
DEPARTMENT OF HEALTH

Vermont is the healthiest state for the 4th year in a row.

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION
2012 EDITION

TOP 100 HEALTHY STATES
1 Vermont
2 Massachusetts
3 Minnesota

Vermont
RANK: **1** (No change) 2011 Rank: 1 (Unchanged)

SEDENTARY LIFESTYLE
21.9% or about **1 in 5** adults in Vermont are chronically inactive compared to 28.2% nationally

HIGH SCHOOL GRADUATION
89.6% of students in Vermont graduate within 4 years compared to 75.5% nationally

OBESITY
25.4% of adults in Vermont are obese compared to 27.2% nationally

DIABETES
1 in 13 people in Vermont have diabetes compared to 1 in 11 nationally

SMOKING
19.1% of people in Vermont smoke compared to 21.2% nationally
Healthy People 2020 Goal: 15%

The America's Health Ranking Model

Behaviors

- Prevalence of Smoking
- Prevalence of Binge Drinking
- Prevalence of Obesity
- High School Graduation
- Prevalence of Sedentary Lifestyle†

Community & Environment

- Violent Crime
- Occupational Fatalities
- Infectious Disease
- Children in Poverty
- Air Pollution

Public & Health Policies

- Lack of Health Insurance
- Public Health Funding
- Maternalization Coverage

Clinical Care

- Low Birthweight Infants
- Primary Care Physicians
- Preventable Hospitalizations

Health Outcomes

- Poor Mental Health Days
- Poor Physical Health Days
- Geographic Disparities
- Infant Mortality
- Diabetes
- Cardiovascular Deaths
- Cancer Deaths
- Premature Death

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Public health keeps kids healthy and communities strong

Public health and prevention programs in your community:

Immunize children

Screen people for HIV/AIDS

Protect people from disasters and disease outbreaks

Promotes access to health care in rural areas.

Screen newborns for health problems

Promote healthy lifestyles to reduce chronic conditions

Give women cancer screenings

Keep our air, water and neighborhoods clean

Reduce tobacco use

Promote on-the-job health and safety

We all benefit

http://action.apha.org/site/PageNavigator/Infographic_Page_2012_10_04_Round_2.html

Public health saves lives

For each 10 percent increase in local public health spending:

Infant deaths decrease

6.9%

Cardiovascular deaths decrease

3.2%

Diabetes deaths decrease

1.4%

Cancer deaths decrease

1.1%

Seatbelt use reduces serious injuries and death in car crashes by **50%**

In the 20th century, the U.S. reduced the rate of adults who smoke from 42% in 1965 to 25% in 1997.

1965

Rates continue to drop — in 2010, 19% of adults smoked.

2010

19%

http://action.apha.org/site/PageNavigator/Infographic_Page_2012_10_04_Round_2.html

Public health saves money

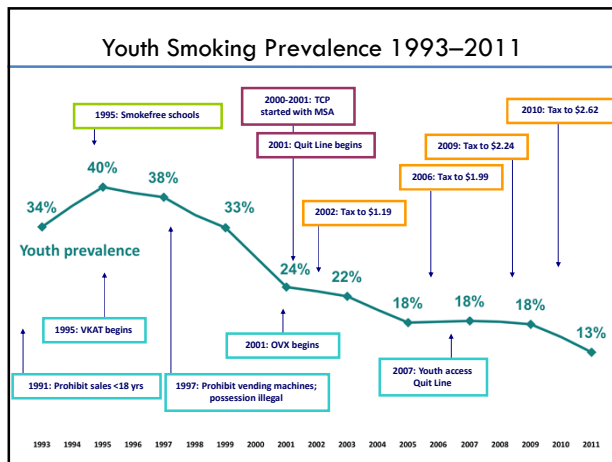
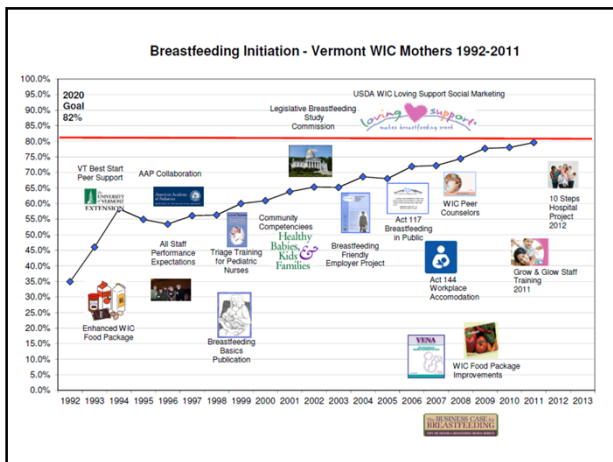
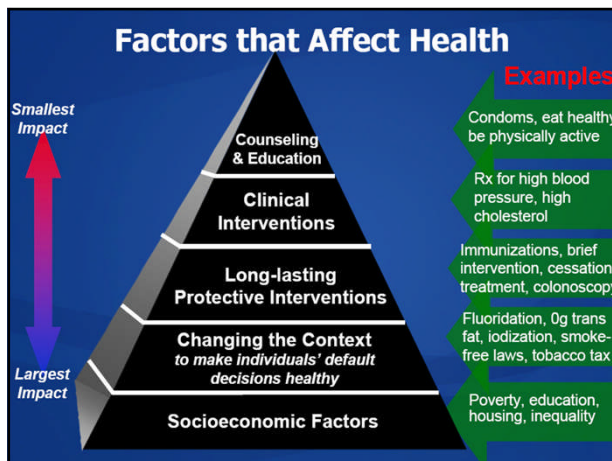
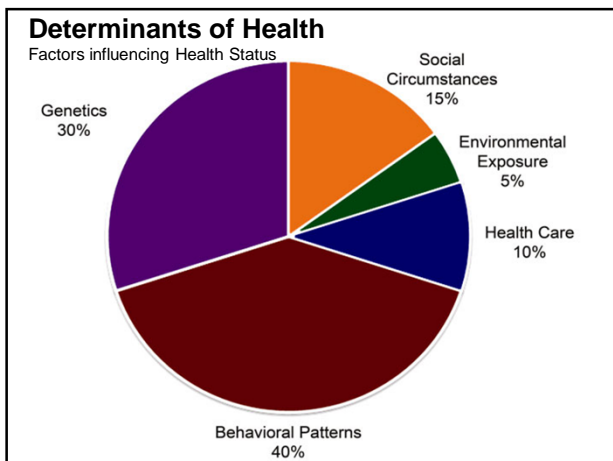
Every \$1 spent on prevention saves \$5.60 in health spending.

Every \$1 spent on childhood vaccines saves \$16.50 in future health care costs.

75%

of U.S. health spending is on preventable chronic conditions such as obesity, heart disease and diabetes, but only **3 cents of every \$1** spent on health care goes toward public health and prevention.

http://action.apha.org/site/PageNavigator/Infographic_Page_2012_10_04_Round_2.html



Vision

Healthy Vermonters living in healthy communities

Mission

Protect and promote the best health for all Vermonters

- 1 Effective and integrated public health programs
- 2 Communities with the capacity to respond to public health needs
- 3 Internal systems that provide consistent and responsive support
- 4 A competent and valued workforce that is supported in promoting and protecting the public's health
- 5 A public health system that is understood and valued by Vermonters
- 6 Health equity for all Vermonters

Vermont Department of Health — working for your health every day

Health Department's work impacts health in 2012 and beyond

- March of Dimes recognizes Vermont for **lowest pre-term birth rate** in the nation.
- Health Department is one of 5 states with **top scores in response capacity** to protect the public's health.
- Health Department **vaccinated 3269 people** in one-day statewide effort to slow the spread of whooping cough.
- Launched the **Environmental Public Health Tracking portal** bringing environmental and public health data together in one online resource.
- Served about **50% of Vermont families** with pregnant women and children under 5 with **WIC** services.

Immunizations

- Vermont's immunization rate (19–35 months) for the full series of vaccines increased to 73.4% in 2011 (70% for 2010 and 60% for 2009). The national rate was 73.3%
- Vermont had one of the 5 highest rates in the nation for MMR vaccination (95.3%)
- The percentage of students entering kindergarten who were fully immunized was 87.0%. This is an increase from the 83.2% in 2010–11.
- The provisional admittance rate for kindergarten students decreased from 10.4% to 7.0% in public schools and 14.8% to 11.5% in private schools from the 2010–11 to the 2011–12 academic year.
- Immunization Regulations to address Act 157 changes were adopted Jan 1. Updated regulations, parental educational materials and forms are all available on the VDH website.
- The public communication campaign "It's OK to Ask" will be launched in March, encouraging parents with questions about immunization to ask providers or find detailed information online at OktoAskVT.org.

Performance Management Framework



What are key elements of successful performance management systems?

- A systematic process that becomes part of the organization's daily work
- Aimed at helping achieve an organization's mission and strategic goals
- Data-driven
- Empowers employees and managers to own the data of their programs and propose solutions
- Streamlines the decision-making process

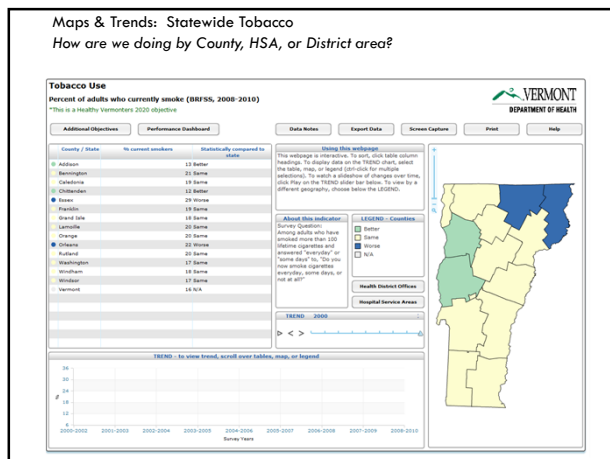
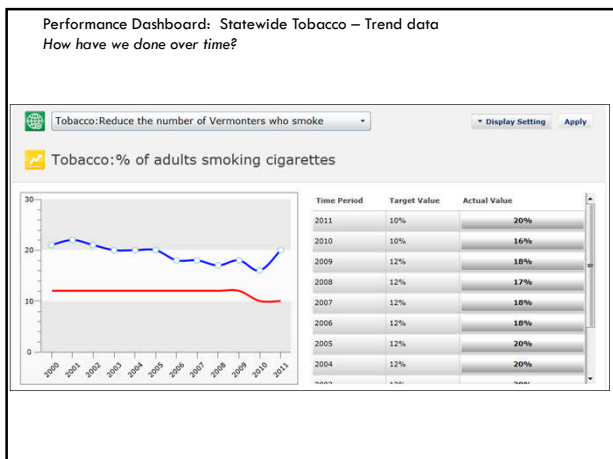
How are these linked?



Performance Dashboard: Statewide Tobacco

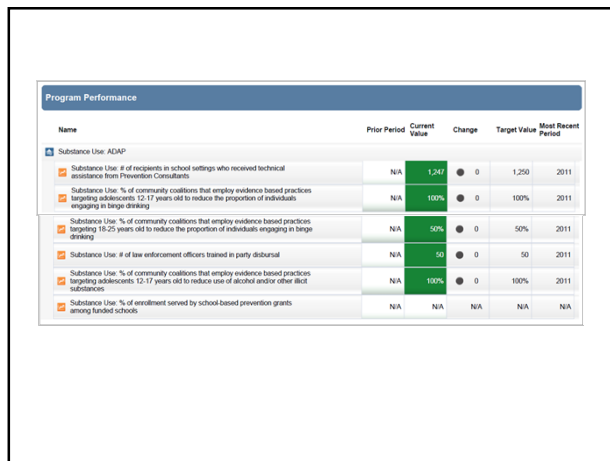
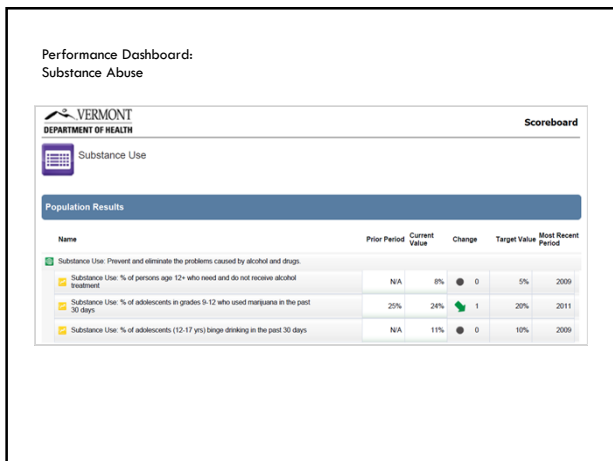
What are our state health priorities and what is VDH doing to address these priorities?

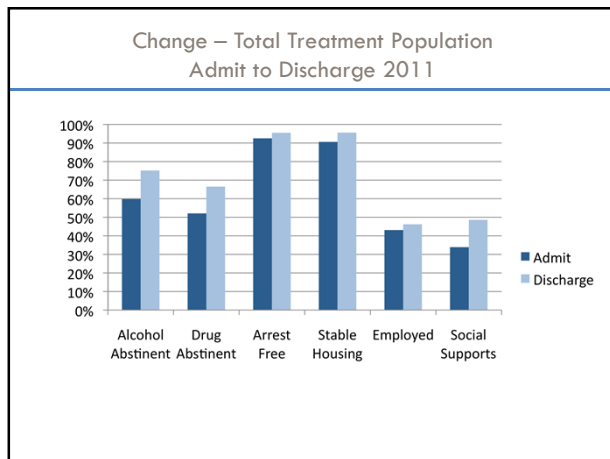
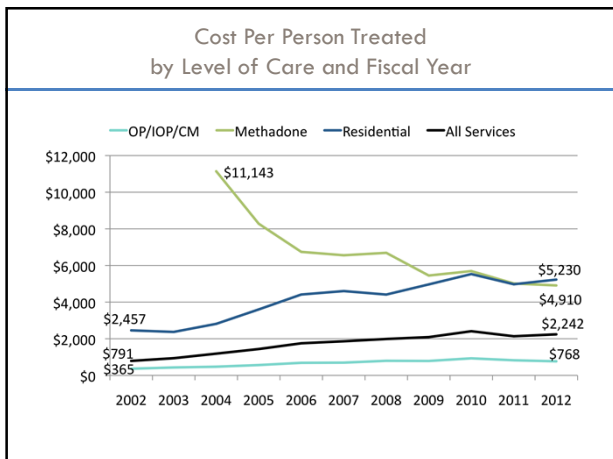
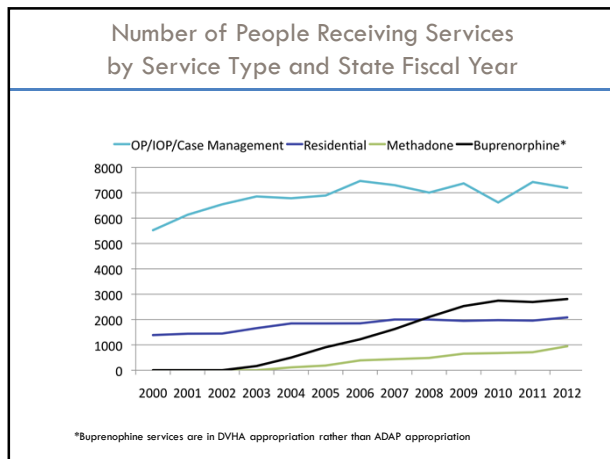
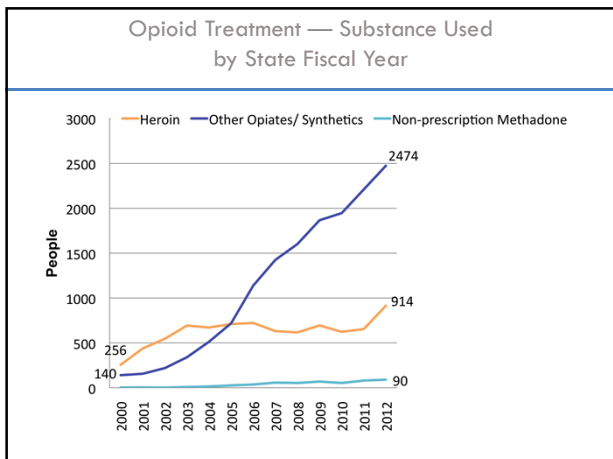
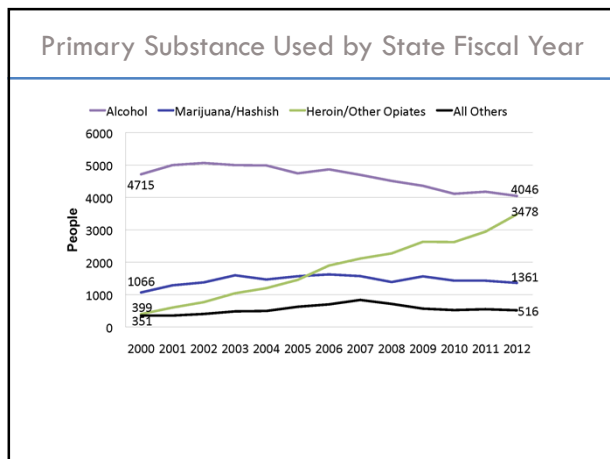
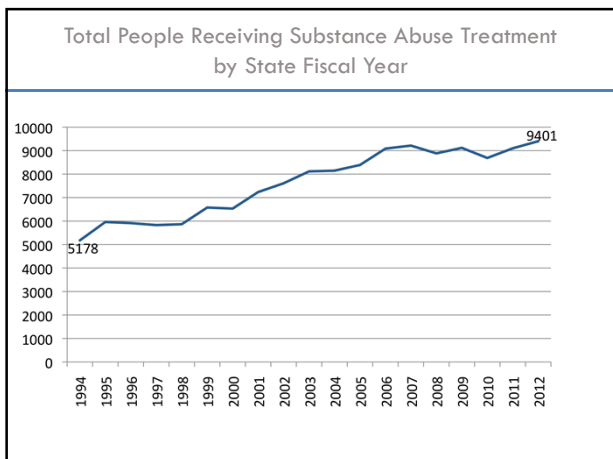
Population Results						
Name	Prior Period	Current Value	Trend Over # of Periods	Target Value	Most Recent Period	
Tobacco: Reduce the number of Vermonters who smoke						
Tobacco: % of adults smoking cigarettes	16%	20%	▲ 1	10%	2011	
Tobacco: % of adolescents smoking cigarettes	18%	13%	▼ 1	10%	2011	
Tobacco: % of adult smokers who attempted to quit in the last year	62%	35%	▼ 1	80%	2011	
Tobacco: # of statewide laws on smoke-free indoor air to prohibit smoking in public places	N/A	8	● 0	12	2011	
Program Performance						
Name	Prior Period	Current Value	Trend Over # of Periods	Target Value	Most Recent Period	
Tobacco: Tobacco						
Tobacco: % of Medicaid (or proxy thereof) Quit by Phone clients who complete 4 or more sessions	N/A	4.6%	● 0	5.5%	Q3 2012	
Tobacco: # of registrants to the Vermont Quit Network	N/A	701	● 0	720	Q3 2012	
Tobacco: # of smokers who were referred via fax to the Vermont Quit Network Quit by Phone Program	N/A	121	● 0	165	Q3 2012	
Tobacco: Anti-tobacco media campaign intensity for low income adults, in Gross Rating Points (GRP) per quarter	N/A	0	● 0	0	Q3 2012	
Tobacco: % of youth coalitions that educate local or state decisionmakers on smoke free policy and retailer tobacco advertising restrictions	N/A	0%	● 0	100%	2012	
Tobacco: Anti-tobacco media campaign intensity for teens in Gross Rating Points (GRP) per quarter	N/A	0	● 0	0	Q3 2012	



- ### FY 2013 Tobacco Achievements
- Established a coordinated effort to create smoke-free campuses (college & multi unit housing).
 - Increased cessation resources for vulnerable populations (pregnant smokers & young adults).
 - Aired for first time hard-hitting media that increased Quit By Phone calls by 30%.
 - Redesigned communications strategy to better reach populations with high tobacco use.
 - Partnering with Blueprint, Medicaid, ADAP & DCF to reduce health disparities burdening low-income smokers and those with mental illness.
- Vermont Department of Health

- ### FY 2014 Tobacco Plans
- Prevention**
 - Increase funding for community coalitions to implement statewide priorities around secondhand smoke exposure.
 - Cessation**
 - Engage partners to reduce tobacco disparities among mental health, substance abuse & young adult populations.
 - Media/Counter Marketing**
 - Pair evidence-based strategies with cutting-edge messaging to change social norms & reduce tobacco use.
 - Evaluation**
 - Conduct population-based surveys on tobacco prevalence, behaviors & attitudes; track quit outcomes.
- Vermont Department of Health





Hub and Spoke Manager Position

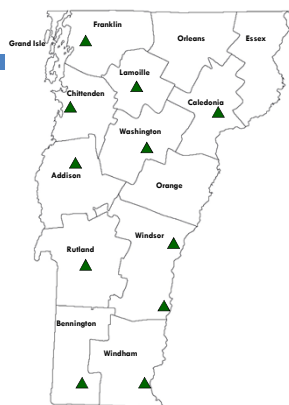
- ROLE:** To ensure statewide implementation of Hub & Spoke system of care and monitor measures of quality
- Liaison between VDH/ADAP and DVHA–Blueprint
 - Manage work across AHS departments related to client access to Hub & Spoke services
 - Manage relationships with Recovery Centers and services and other treatment providers
 - Manage hub grantee performance:
 - outcome data review
 - Implement quality improvement strategies
 - Manage collaboration with outside partners such as:
 - physicians
 - FQHC's and hospitals
 - behavioral health clinicians within the Preferred Provider System and Private Practice
 - others, i.e., housing, workforce, education

Hub Outcomes Measures – Integrating Substance Abuse Treatment with Medical Care

- All Cause Hospital Readmission
- Ambulatory Care-Sensitive Condition Admission
- Emergency Department Visits
- Follow-Up After Hospitalization for Mental Illness
- Self- Management for Any Chronic Condition
- Adult BMI Assessment
- Age and gender appropriate health screenings
- Screening for clinical depression and follow-up plan
- Alcohol Misuse Screening
- Tobacco Cessation Screening
- Care Transitions

Recovery Centers

- Recovery centers provide a wide variety of recovery supports and life skill development ranging from simple peer interactions and self-help groups to employment, housing and education development.



Strategic Prevention Framework – Partnership for Success Grant

Builds on accomplishments of Vermont’s successful Strategic Prevention Framework State Incentive Grant (2005–2011). Project led to significant reductions in binge drinking and marijuana use among school age youth.

- **Goals:**
 - Reduce underage and binge drinking among persons aged 12 to 20
 - Reduce prescription drug misuse and abuse among persons aged 12 to 25
 - Increase state, regional and community capacity to prevent underage drinking and prescription drug misuse
- **Award Amount:**
 - \$3,565,584 Total (\$1,188,528 per year for 3 years)

Strategic Prevention Framework – Partnership for Success Grant

Vermont Approach

- Office of Local Health staff lead district wide stakeholder planning
- Community-based organizations lead implementation
- Statewide training and communications campaign

Site Selection Criteria

- Alcohol and prescription drug misuse prevalence data
- Number of 10-24 year-olds
- Socioeconomic disparities
- Capacity to meet complex grant requirements

Intervention Sites

Barre District	Burlington District	Rutland District
Brattleboro District	Morrisville District	Windsor County (WRJ District Leads)

VDH 2014 Budget – Highlights

Public Health

- \$60,570 and the establishment of one dental hygienist position
- \$60,570 and the establishment of coordinator position for injury & violence prevention
- \$34,169 to support epidemiologic surveillance for West Nile virus and Eastern equine encephalitis
- \$500,000 tobacco fund appropriation to be used by the Tobacco Evaluation and Review Board.
- \$290,155 toward enhanced capacity to prevent and respond to foodborne disease outbreaks.

VDH 2014 Budget – Highlights – ADAP

ADAP

- (\$433,425) reduction – EUDL grant phase out
- \$1,188,500 in new federal spending for Partnership for Success, a program to reduce underage drinking and prescription drug abuse among young people.
- (\$348,100) reduced general fund. Current and projected caseload has higher rate of Medicaid eligible, increasing federal share of treatment costs.

VDH 2014 Budget – Highlights – ADAP

- ADAP – \$112,967 funding for rate increases for residential treatment, \$351,500 funding for planned expansion of residential treatment capacity by Maple Leaf Farm, and
- a 3% increase in Medicaid payments to treatment providers.

Public Health Dental Hygienist (PHDH)

Responsibilities:

- Educate all District Office health staff in oral health
- Provide risk assessment, oral health education, therapeutic intervention and help in locating a dental home for pregnant mothers and children (0-5) who participate in WIC

Necessity for the Position:

- Focusing our preventive efforts on low SES and minority/ethnic populations
- In FY2009, 351 Medicaid eligible children were hospitalized for treatment of early childhood caries (cavities)
- Surgery cost approximately \$6,500 for a total estimated cost of over \$2.2 million
- Preventing only 58 (17%) of approx. 350 surgeries each year would pay for this position
- The Office of Oral Health's primary goal is to change this devastating outcome with early prevention at the local level

Injury and Violence Prevention Coordinator

Responsibilities:

- Implement specific prevention programs for suicide, infant safety, elderly falls, and bike and pedestrian safety
- Support VDH policy making, overall infrastructure, and other department programs
- Work closely with the Division of Health Statistics to perform the surveillance necessary to understand nature of specific threats to Vermonters

Necessity for the Position:

- Vermont has a high rate of suicides and elderly falls
- Death and disability from motor vehicle crashes is unacceptably high
- Coordinator will assist VDH in establishing a solid state infrastructure that supports surveillance and prevention programming

Please visit our dashboard! <http://healthvermont.gov/hv2020>